

## The Town of Fenwick Island

800 Coastal Highway, Fenwick Island, DE 19944-4409  $302-539-3011 \sim 302-539-1305$  fax www.fenwickisland.delaware.gov

## LONG TERM RENTAL LICENSE APPLICATION

Applicant's Name:		
Business Name:		
Mailing Address:		
Telephone #:	Emergency Telephone #:	
Email Address:		
RENTAL ADDRESS:		
RENTAL AGENT, ADDRESS & CONT	ΓACT PERSON (if applicable):	
Ordinances of the Town of Fenwick Island	maintain my license privilege, I must comply with all d and that all taxes and assessments due the Town of Fenwind including the 3% tax on Gross Rental Receipts due q	ick Island upon
	ts agents, and employees to seek information and conduct a this application and the qualifications of the applicant for	
I declare, under the penalty of perjury, that	t the information contained in the application is true and con	rrect.
Applicant's Signature	Date	
Make Checks Payable To: Town of Fenwi		

Late Fee: \$100.00 (applicable if property is rented before license is obtained)

**REVISED 01/2023**